

EMPLOYER RESPONSE-QUIT:

NOTE: THIS INFORMATION WILL BE USED TO DETERMINE CLAIMANT'S
ELIGIBILITY AND MAY ALSO AFFECT YOUR CHARGEABILITY RATE

Claimant Name: POCATELLO LOCAL OFFICE IDAHO DEPT OF COMMERCE AND LABOR PO BOX 4087 POCATELLO ID 83205 208-232-0865 (FAX)	SSN: Employer Name, Address, Phone & Fax
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Paid or to be paid:

Gross earnings for the past 12 months \$	Severance: \$	On (date):
Vacation: \$	Bonus: \$	On (date):
Date vacation payment will be received:	Holiday: \$	On (date):
Supervisor's name:	Employer's phone#:	
Start date of employment:	Last day worked:	Date notice was given:

Please provide any documentation to support your position (ie: letter of resignation)

1. What reason (s) did the claimant give for quitting or giving notice to quit?
2. If the claimant cited work-related reasons, describe the working conditions:
3. What alternatives were available to the claimant? (Leave of absence, transfer, grievance, etc.)
4. Describe any efforts the claimant made to resolve the problem and the outcome of those efforts:
5. If you do not agree with the claimant's statements, please state why:
6. Additional information:
Employer/Employer's Representative Signature: _____ Print Name: _____ Title: _____ Phone Number: _____ Date: _____